GOLDEN SLIPPERS DANCE ACADEMY
REGISTRATION FORM

STUDENT NAME(S):
FULL NAME:_____/_____/_____ BIRTHDATE:___/____/_____ AGE:_____
(LAST) (FIRST) (MIDDLE) MO/D/YR

FULL NAME:_____/_____/_____ BIRTHDATE:___/____/_____ AGE:_____
(LAST) (FIRST) (MIDDLE) MO/D/YR

STREET ADDRESS:_____ HM PHONE #:_____

CITY:_____ STATE:_____ ZIP CODE:_____ CELL PHONE #:_____

MOTHER'S NAME:_____ WK PHONE #:_____

FATHER'S NAME:_____ WK PHONE #:_____

EMAIL ADDRESS:_____

PAST DANCE EXPERIENCE:

SCHOOL ATTENDED	TYPE OF DANCE	NUMBER OF YEARS

Does your child have any disabilities? _____ If so, please describe so we may better serve your child's needs: _____

I,_____, understand that I am responsible for the monthly payments that have been established. These monthly payments are due by the 10th of the month, thereafter there will be a late fee of $10.00 incurred. (If you decide to discontinue taking classes—You must let us know in writing 30 days prior. If no notice is given, you will be responsible for the entire month.) Also, a costume deposit of $60.00 for each class that the student is enrolled in is due by November 1st. A $10.00 late fee will be incurred for each costume deposit not paid by the December 1st. The costume balance will be due by March 15th. We will give you a notice of this amount in February. There will be 10 monthly payments due for the months of September through June. Tuition, Registration Fees and costume deposits are NON-REFUNDABLE. You also acknowledge that you have received, read and will comply with the rules stated in the policy manual.

TODAY'S DATE:_____

PERSON RESPONSBILE FOR BILL: (Please print name)_____

SIGNATURE:_____

GOLDEN SLIPPERS REPRESENTATIVE'S SIGNATURE:_____

OFFICE USE ONLY

CLASS(ES) TAKING: (DAY/TIME/TYPE)-USE BACK FOR MORE

_____ _____

_____ _____

REG. FEE PAID: YES NO AMOUNT PAID:_____